IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

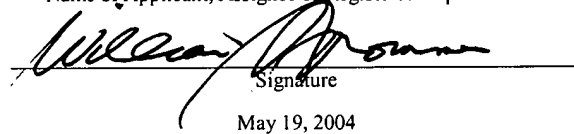|		
Applicant(s)	:	Nobuyuki KIHARA et al.
Serial No.	:	09/674,441
For	:	DATA PROCESSING APPARATUS, DATA PROCESSING METHOD, TERMINAL UNIT, AND TRANSMISSION METHOD OF DATA PROCESSING
Filed	:	November 1, 2000
Examiner	:	Kyung H. Shin
Art Unit	:	2132

745 Fifth Avenue
New York, NY 10151

RECEIVED

MAY 2 8 2004

Technology Center 2100

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on May 19, 2004.

William S. Frommer, Reg. No. 25,506

_____
Name of Applicant, Assignee or Registered Representative

Signature

May 19, 2004

_____
Date of Signature

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 26, 2004, please amend the above-identified

application as follows:

00194554

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Nobuyuki KIHARA et al.
Serial No.	:	09/674,441
For	:	DATA PROCESSING APPARATUS, DATA PROCESSING METHOD, TERMINAL UNIT, AND TRANSMISSION METHOD OF DATA PROCESSING
Filed	:	November 1, 2000
Examiner	:	Kyung H. Shin
Art Unit	:	2132

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

RECEIVED

MAY 2 8 2004

Technology Center 2100

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.
☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	5	Minus	** =20	* 0 x	$18 (9)	= $ 0
Independent claims	2	Minus	*** =6	* 0 x	$86 (43)	= $ 0
		Total additional fee for this amendment				$ 0

*   If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**   If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $290(145) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.

☐ Charge $_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

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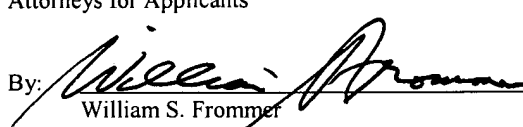
Signature

May 19, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800

00194561